



# Equality Impact Assessment

## Project or Service Template

Name of the proposal, project or service
<b>Reconciling Policy Performance and Resources (RPPR) 2018/19: Proposal to review Older People’s Day Services</b>

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	April 2019

### Contents

Equality Impact Assessment.....	1
Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA).....	2
Part 2 – Aims and implementation of the proposal, project or service .....	5
Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics. ....	8
Key themes from the consultation.....	9
Part 4 – Assessment of impact .....	11
Part 5 – Conclusions and recommendations for decision makers .....	24
Part 6 – Equality impact assessment action plan.....	26

## **Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)**

**1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

**1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.**

### **1.3 The Public Sector Equality Duty (PSED)**

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”

These are sometimes called equality aims.

### **1.4 A “protected characteristic” is defined in the Act as:**

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

### **1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:**

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills

- Part time workers
- Rurality

### **1.6 Advancing equality (the second of the equality aims) involves:**

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

### **1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:**

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

## Part 2 – Aims and implementation of the proposal, project or service

### 2.1 What is being assessed?

#### a) Proposal or name of the project or service.

East Sussex County Council is reviewing independently provided day services for older people in order to deliver savings. The services included in the review are those that are meeting the eligible care and support needs of East Sussex residents and provided by the independent sector, both voluntary and private organisations.

#### b) What is the main purpose or aims of proposal, project or service?

The review will look at opportunities to reduce the cost of day service provision to ASC and the impact of closure of any specific services. This review is closely linked to a related review of commissioned day services at Milton Grange and Warwick House.

Adult Social Care currently funds day care places for over 330 clients in over 30 different services across East Sussex. These places are primarily spot purchased at an agreed rate with no additional cost to ASC other than transport.

The exception to this are the services provided by Sussex Community Development Association (SCDA) who were awarded the tender to deliver older people's day services at the Charter Centre in Bexhill, Isabel Blackman Centre in Hastings and the Phoenix Centre in Lewes from July 2014, taking over responsibility from Adult Social Care.

#### c) Manager(s) and section or service responsible for completing the assessment

Tamsin Peart, Strategic Commissioning Manager

### 2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Day services can be short or long term and people can come every day or for one day, depending on their needs. The main aim of the day service is to enable clients to remain in their own homes for as long as possible, providing essential support to carers and preventing social isolation.

The needs of those attending vary from person to person but approximately 90% of SCDA clients have a dementia diagnosis or mental health issue as well as physical needs associated with the ageing process, and all Sussex Support Service clients are living with dementia.

The services offer a range of activities designed to engage clients, address social isolation, provide carer respite and keep people active and stimulated with the outcome of people being able to remain living in their own homes for as long as possible. Transport is provided to those assessed as needing it, and services include a freshly cooked hot meal.

It is likely that those who are elderly and disabled will be impacted by this proposal, particularly those living with dementia and/or who have personal care needs as well as those with caring responsibilities.

**2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?**

The review and subsequent proposal will be conducted by East Sussex County Council, Adult Social Care, and will be led by Tamsin Peart, Strategic Commissioning Manager.

The recommendations from the review are to develop the market by commissioning local providers to offer day services on a Framework basis and to terminate the contracts to deliver day services out of the Charter Centre (Bexhill), Isabel Blackman Centre (Hastings).

Currently there are no other local older people's day services providers in Lewes and surrounding area. It is therefore proposed to continue the current model of care at the Phoenix Centre. This will require a further procurement process during 2018/19 as the current contractual arrangements are drawing to a close.

**2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?**

The services provided by Sussex Community Development Association (SCDA) are within scope of the proposal. SCDA were awarded the tender to deliver older people's day services at the Charter Centre in Bexhill, Isabel Blackman Centre in Hastings and the Phoenix Centre in Lewes from July 2014.

The three Clinical Commissioning Groups (CCGs) in East Sussex, High Weald Lewes Havens, Hastings and Rother and Eastbourne Hailsham Seaford CCGs all commission dementia support services, recognise the value of day services as an integral part of the pathway of dementia care.

**2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?**

This proposal has been developed in order to identify savings for 2018/19 and subsequent years as part of ESCC's Reconciling Policy, Performance and Resources business planning process

The majority of people attending day services have eligible needs under the Care Act 2014, as do many of their carers. Whilst we have a statutory duty to meet those eligible needs safely and appropriately, day services are just one way of achieving this.

**2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.**

People may be referred following a Social Care Assessment; alternatively they may self-refer directly to the service or be referred/signposted by a GP or voluntary sector organisation.

**2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.**

Clients may be referred through a number of sources including GPs, family, carers or other support services such as the Dementia Guide or Dementia Support Services.

For clients referred by Adult Social Care, assessments are carried out using the adult social care assessment process. Self-referrals, also known as self-funders, will pay the full cost of the service. Those eligible via ASC are subject to a financial assessment to determine their charge.

The provider will normally invite a potential client for a “taster” day so that the client/carer can decide whether or not it will meet their needs. The provider will consider any specific health and dietary related needs, and moving and handling issues, transport requirements, medication requirements as well as gaining an understanding of the social activities the individual enjoys. They will design a care plan to meet these needs and agree days of attendance and start date.

They will also gather essential information relating to next of kin, emergency contacts, GPs etc.

**2.8 How, when and where is your proposal, project or service provided? Please explain fully.**

<b>Service</b>	<b>Provider</b>	<b>Where</b>	<b>No of places per day</b>	<b>Average attendance</b>	<b>Days open</b>
Charter Centre	SCDA	Bexhill	17	26%	Mon, Wed, Fri
Isabel Blackman	SCDA	Hastings	21	55%	7 days
Phoenix House	SCDA	Lewes	19	80%	Mon-Fri

There is also a range of other day services that people access privately and that ASC may spot-purchase places in. These are primarily within residential care settings.

### Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

#### 3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have <b>X</b> marked against them			
	Employee Monitoring Data		Staff Surveys
<b>x</b>	Service User Data	X	Contract/Supplier Monitoring Data
<b>x</b>	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
<b>x</b>	Complaints	x	Risk Assessments
<b>x</b>	Service User Surveys		Research Findings
	Census Data	x	East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

#### 3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

There has been a recent complaint regarding the capped fee level that was introduced for clients when the three day services transferred from ASC to SCDA. This highlighted an inequity in the charging rates for different clients.

#### 3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

A consultation meeting was held with clients and their carers at each of the SCDA services.

Other providers were emailed and informed their clients and carers about the consultation so that people would have time to take part.

Online public consultation.

#### 3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

From the Inclusion Advisory Group, 14 March 2018:

- **Cumulative impact:** Impact [of individual proposals] is rarely felt in isolation, and that the ripple effect to relatives, carers, neighbours, schools etc should not be underestimated. Such drastic changes can result in the upheaval and detriment to

many lives, the long-term effects of which can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.

- **Rurality and transport:** Services are spread out across the county and this presents issues around transport.
- **BAME:** Although there's been an increase of people for whom English is not their first language, this hasn't been reflected in demand for interpreters as many have a good level of English. People from BAME communities have been consulted a number of times over the years, and the perceived lack of action has led to distrust and engagement fatigue. These groups and communities are often used as a scapegoat, which is divisive and potentially dangerous, and individuals have experienced an increase in anti-Semitic harassment.
- **Pressure on carers and families:** There has also been a rise in DV within carer/ partner relationships and familial relationships, particularly between male relatives. This has been attributed in part to rising stresses and pressures within families about the care needs of relatives. This again is extremely worrying if cuts to support services go ahead. Amongst local voluntary organisations there are records of a sharp increase in self-harming amongst the people that use services, as well as aggression towards workers.

### Key themes from the consultation

#### Overall themes

- People disagreed with, or are unhappy about, the proposals to cut funding for day services, although there are only a few comments about the Charter Centre.
- They say there is a lack of clarity around the savings and what is happening with services.
- Organisations said there is an increasing need for services like this for older people and those with dementia.
- Day services are a lifeline to older people. They provide routine, social contact, stimulation, access to activities, and people really enjoy attending them.
- They are concerned that if the services close there wouldn't be any alternative or that private sector services won't be as good.
- People said their family member would become increasingly isolated if they couldn't use the service and would be stuck at home.
- It could push people into decline or crisis and lead to the use of more expensive services.
- Families and carers save the government money and closing the service will have a negative impact on their health and wellbeing too and may mean they can't continue in their caring role.

- It would be a false economy, as there would still be community care costs to pay if people can't attend day services and some people might need more expensive residential care if they can't access day services.
- Publicise the day services more, make more money from them and charge for transport.
- Look at innovate ways of raising money, such as lotteries, sponsorship and charitable status for services.

### **Isabel Blackman Centre specific themes**

- The IBC is much more than day services. It is a community building and lots of people and groups use it to access/provide activities and services.

### **Phoenix Centre specific themes**

- People particularly value the fact that the service provides expert support people with dementia and Parkinson's.
- Older people, particularly those with dementia and Parkinson's, often attend regularly during the week and this enables them to continue living in the community.
- The Phoenix is much more than day services. It is a community building and lots of people and groups use it to access/provide activities and services.
- Reducing or closing services would limit access for people with dementia and Parkinson's and could accelerate their condition.

### **Sample quotes**

"We still need day care to enable community interaction with others and to feel part of the community a PA is not always appropriate as can still be isolating with that one person as not meeting other people."

"It's very good here; the staff are all very good. We would be isolated at home if we couldn't come here and helps give carers some respite."

"My [relative] has been coming here 5 years for carers respite, we need this help and maybe more contribution towards the cost would help."

## Part 4 – Assessment of impact

### 4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

#### a) How is this protected characteristic reflected in the County/District/Borough?

The overall population of East Sussex is 527,209 (2011 Census data) and projected to continue increasing over the next few years. The population by age breakdown for East Sussex is:

ESIF Dataset: Census Population in 2011 – Districts:

POPULATION ESTIMATES, 2001-2016 - SUPER OUTPUT AREAS						
ONS mid-year estimates						
Filter variables						
Year, 2016						
Age group	All people	0-15	16-29	30-44	45-64	65 and over
<b>Geography</b>						
<b>Eastbourne</b>	103054	17689	16011	17949	26143	25262
<b>Hastings</b>	92236	17262	15347	16446	25329	17852
<b>Lewes</b>	101381	17606	13677	16211	28495	25392
<b>Rother</b>	93551	14080	11542	11862	26619	29448
<b>Wealden</b>	157575	27051	20490	23742	45982	40310

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 23% of people aged over 65, compared to the national average of 16%.

There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 – East Sussex has one of the highest populations of people aged 85+ in the UK. (2011 mid-year estimates based on 2011 Census data).

#### b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

These services are for older people including those with a Dementia diagnosis which is more common in older people. Clients have frailty and physical needs and/or mental health needs. However, carers can be of any age and the majority of carers in East Sussex are aged under 65.

ASC data shows that of ASC clients attending day services, 15% are aged 65-74, 39% aged 75-84 and 46% aged 85+.

#### c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic? Older people may be directly affected by the proposals as they are the users of the services.

#### d) What is the proposal, project or service's impact on different ages/age groups?

Carers can be of any age and the majority of carers in East Sussex are aged under 65.

Loss of friendship networks, local services, uncertainty. Negative impact will arise since change will be difficult for this group of clients. People will be unsettled from usual routines, staff, friendships and a familiar environment. For some this may be their primary source of social interaction and mental stimulus.

Suitable services will need to be available to meet eligible needs which if not available will result in negative impact.

Potentially, longer travel times to reach services, particularly for clients living in rural areas and who are reliant on arranged transport.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

Clients and carers will be reviewed on a case by case basis and their preferences regarding alternative provision to be taken into account.

Procurement/commissioning of suitable alternative services should existing services cease, and to be in place prior to closure.

**f) Provide details of the mitigation.**

Should the review and subsequent proposals be approved, we will work with clients and their families to achieve the best possible outcomes for individuals and their carers, and work to ensure their eligible social care needs are being met.

**g) How will any mitigation measures be monitored?**

**Individual reviews and support plans for ASC clients**

1. **Support plans** monitored by line managers to ensure needs and risks are properly assessed, recorded and evidenced and all options have been explored as part of the support planning process.
2. **Case file audits** are carried out to ensure that standards are being maintained in relation to assessment and application of eligibility and risk, support planning and reviews.

**4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

An estimated 10,172 people in East Sussex currently have dementia (either diagnosed or undiagnosed). This is equivalent to 1.88% of the population, or 1 in every 53 people, *in East Sussex*. The expected number of people living with dementia in East Sussex will have risen to 15,900 by 2030.<sup>1</sup>

63,512 (10%) of older people in East Sussex have a limiting long term illness<sup>2</sup>

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

The majority of clients attending day services will be older and thus have a range of physical and mental health needs associated with the ageing process.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Yes, as the majority of day service users have a disability.

**d) What is the proposal, project or service’s impact on people who have a disability?** If the decision is taken to change the way in which the services are delivered a negative impact will arise for existing clients and carers since change is difficult.

People will be unsettled from usual routines, staff, friendships, journeys and a familiar environment, which will be particularly difficult for people with dementia and other mental health difficulties and sensory impairments.

Commissioning of suitable alternative services should existing services cease.

**e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?**

<sup>1</sup> Dementia Joint Strategic Needs Assessment, ESCC Public Health Department, November 2016

<sup>2</sup> Physical and sensory disability in East Sussex: an epidemiological needs assessment 2008

Clients and carers will be reviewed on a case by case basis and their preferences regarding alternative provision to be taken into account.

Procurement/commissioning of suitable alternative services should existing services cease, and to be in place prior to closure.

**f) Provide details of the mitigation.** Should the review and subsequent proposals be approved, we will work with clients and their families to achieve the best possible outcomes for individuals and have a duty to ensure their eligible social care needs are being met.

Any new provision will need to be set within an inclusive environment which takes account of people’s individual requirements and impairments.

Any proposed re-provision of service will aim to keep clients grouped together where possible.

**g) How will any mitigation measures be monitored?**

**Individual reviews and support plans for ASC clients**

1. **Support plans** monitored by line managers to ensure needs and risks are properly assessed, recorded and evidenced and all options have been explored as part of the support planning process.
2. **Case file audits** are carried out to ensure that standards are being maintained in relation to assessment and application of eligibility and risk, support planning and reviews.

**4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County /District/Borough?**

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the ‘White other’ and ‘mixed’ categories reflecting East European and other white groups’ migration and other societal changes. The largest overall minority populations are ‘White other’ and ‘Asian and Asian British’.

Ethnicity	All people	British and Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	56075912	45134686	531087	57680	2485942	1224400	4213531	1864890	563696
South East	8634750	7358998	73571	14542	380709	167764	452042	136013	51111
<b>East Sussex</b>	<b>526671</b>	<b>482769</b>	<b>3966</b>	<b>815</b>	<b>17872</b>	<b>7473</b>	<b>9143</b>	<b>2912</b>	<b>1721</b>
Eastbourne	99412	86903	978	66	5561	1791	2795	783	535
Hastings	90254	80624	702	150	3155	1948	2126	1065	484
Lewes	97502	90218	757	97	3087	1275	1400	416	252
Rother	90588	85279	596	134	1942	1031	1103	305	198
Wealden	148915	139745	933	368	4127	1428	1719	343	252

- a) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

ASC data shows that 100% of ASC clients attending day services state their ethnicity as White British or White other;

- b) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Ethnic and cultural identity can be important for people using care and support services, particularly in recognising individual life history and personal circumstances, and there may be adverse impacts if ethnic identity is not recognised and supported. Therefore each person's review will as far as possible take account of any information about ethnic background and cultural identity which may help to support their sense of self.

- c) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?**

Neutral impact is anticipated.

- e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

- f) Provide details of any mitigation.**

N/A

- g) How will any mitigation measures be monitored?**

N/A

#### **4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

- a) How is this protected characteristic target group reflected in the County /District/Borough?**

According to the 2011 Census, of East Sussex residents aged over 65, 56% are female and 44% male. Currently, data around transgender isn't known or collected.

- b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

ASC data shows that of ASC clients attending day services, 66% are female and 34% male.

There is no data around transgender people.

- c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

It is not anticipated that there will be a disproportionate impact for this group.

Transgender men and women express concern about the need to use care and support services (as above). It is important for providers to be aware of the personal care needs of any individual transgender person (including regular medical support) and to be aware of confidentiality issues arising from both good practice and the provisions of the Gender Recognition Act

- d) What is the proposal, project or service's impact on different genders?**

Women may be slightly more affected than men as there are more of them in the older population, they live longer and they are more likely to be carers. However, the overall impact is neutral.

- d) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

N/A

- f) Provide details of any mitigation.**

N/A

- g) How will any mitigation measures be monitored?**

N/A

**4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.**

Neutral impact is anticipated.

**4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.**

Neutral impact is anticipated.

**4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

According to the 2011 Census, 60% of East Sussex residents are Christian, 2% other religions, 30% have no religion, and 8% not known

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

ASC data shows that of ASC clients attending day services, 48% are Christian, 10% have no religion 39% not obtained.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Ethnic and cultural identity can be important for people using care and support services, particularly in recognising individual life history and personal circumstances. It has greater impact if ethnic identity is not recognised and supported. Therefore each person's review will as far as possible take account of any information about ethnic background and cultural identity which may help to support their sense of self.

**d) What is the proposal, project or service's impact on the people with different religions and beliefs?**

Neutral

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

If the review and subsequent proposals are approved, we will work with providers, clients and their families or carers to ensure that services are aware of any faith or religious based needs.

**f) Provide details of any mitigation.**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.**

**a) How is this protected characteristic reflected in the County/District/Borough?**

Estimates of the UK LGB population generally vary between 5%-7% of the overall population ([www.stonewall.org.uk](http://www.stonewall.org.uk)). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB people are reluctant to ‘come out’ to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

Taking the Stonewall estimate as a guide, this means that in East Sussex, with a population of 527,209 (2011 Census), 26,360 – 36,904 people, including older people, are likely to be LGB. <http://www.eastsussexjsna.org.uk/briefings.aspx>.

Population over 65 (2011) with *estimated* (5% Estimate) numbers of LGB people over 65 by district in East Sussex.

Age	All people	65+	65+ %	65+ male	65+ male%	65+ female	65+ female%
Geography							
England and Wales	56075912	9223073	16.4	4096161	7.3	5126912	9.1
South East	8634750	1482020	17.2	656272	7.6	825748	9.6
<b>East Sussex</b>	<b>526671</b>	<b>119763</b>	<b>22.7</b>	<b>52124</b>	<b>9.9</b>	<b>67639</b>	<b>12.8</b>
Eastbourne	99412	22303	22.4	9363	9.4	12940	13
Hastings	90254	15401	17.1	6803	7.5	8598	9.5
Lewes	97502	22154	22.7	9623	9.9	12531	12.9
Rother	90588	25763	28.4	11174	12.3	14589	16.1
Wealden	148915	34142	22.9	15161	10.2	18981	12.7

**b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?**

Currently, data around sexual orientation is not known or collected.

**c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

LGB older people may have greater anxiety than other older people about care and support services. Many people will not ‘come out’ to service providers unless it is clearly safe to do so. Not being able to do so has a negative impact on health in itself. It is important that existing and future care providers have an awareness of the likely frequency of LGB people in the population and policies and practices that are positive about sexual orientation- including providing staff training on practical support.

**d) What is the proposal, project or service’s impact on people with differing sexual orientation?**

People who identify as LGB may be less likely to access older people’s day services, due to concerns about discrimination on behalf of themselves or their carer/partner.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Providers will be expected to work with clients and their carers to ensure that any specific needs or wishes around care and support would be taken forward sensitively.

**f) Provide details of the mitigation**

N/A

**g) How will any mitigation measures be monitored?**

N/A

**4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**Carers**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Provision of unpaid care in 2011 - districts

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	56075912	50275666	5800246	3665072	775189	1359985
South East	8634750	7787397	847353	577114	96883	173356
East Sussex	526671	467262	59409	39537	6745	13127
Eastbourne	99412	88894	10518	6678	1261	2579
Hastings	90254	80812	9442	5708	1321	2413
Lewes	97502	86001	11501	8000	1197	2304
Rother	90588	79327	11261	7279	1250	2732
Wealden	148915	132228	16687	11872	1716	3099

Provision of unpaid care in 2011 – districts (%)

Provision unpaid care	All people	People provides no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography						
England & Wales	100	89.7	10.3	6.5	1.4	2.4
South East	100	90.2	9.8	6.7	1.1	2
East Sussex	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	100	89.4	10.6	6.7	1.3	2.6
Hastings	100	89.5	10.5	6.3	1.5	2.7
Lewes	100	88.2	11.8	8.2	1.2	2.4
Rother	100	87.6	12.4	8	1.4	3
Wealden	100	88.8	11.2	8	1.2	2.1

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

East Sussex has a total of 59,500 unpaid carers, representing 11% of the total population. <sup>3</sup> There is a 32% turnover in caring, meaning that every year in East Sussex, there are approximately 19,000 new carers and the same number again ending their caring roles. 3 in 5 people will be carers at some point in their lives. <sup>4</sup>

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

One of the primary reasons for the provision of day services is carer respite. Therefore, carers will be more affected by these proposals than the general population.

**d) What is the proposal, project or service’s impact on the factor or identified group?**

Although it is not proposed to stop funding day services, there may be changes in venue and service provider for some clients which may impact on carers.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Ensure that commissioned services are able meet the needs of people with dementia and complex needs in order that carers have access to respite services.

**f) Provide details of any mitigation.**

Services will be commissioned to meet the needs of older adults with care and support needs through day services and other services in the community.

**g) How will any mitigation measures be monitored?**

Individual reviews and support plans for ASC clients:

- 1. Support plans monitored by line managers to ensure needs and risks are properly assessed, recorded and evidenced and all options have been explored as part of the support planning process.**
- 2. Case file audits are carried out to ensure that standards are being maintained in relation to assessment and application of eligibility and risk, support planning and reviews.**

**4.9.2 Rural population**

**a) How are these groups/factors reflected in the County/District/ Borough?**

Population by age groups and location in 2011

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						

<sup>3</sup> Census 2011

<sup>4</sup> Carers UK (2001) It Could Be You – A report on the chances of becoming a carer

England and Wales	56075912	9891138	11183239	11515165	14263297	9223073
South East	8634750	1535168	1604028	1761278	2252256	1482020
<b>East Sussex</b>	<b>526671</b>	<b>84910</b>	<b>83732</b>	<b>90763</b>	<b>147503</b>	<b>119763</b>
Eastbourne	99412	15574	18407	18195	24933	22303
Hastings	90254	15659	17149	17677	24368	15401
Lewes	97502	15832	14854	16907	27755	22154
Rother	90588	13214	12047	13026	26538	25763
Wealden	148915	24631	21275	24958	43909	34142

Population by age groups and location in 2011(%)

Age	All people	0-14	15-29	30-44	45-64	65+
Geography						
England and Wales	100	17.6	19.9	20.5	25.4	16.4
South East	100	17.8	18.6	20.4	26.1	17.2
<b>East Sussex</b>	<b>100</b>	<b>16.1</b>	<b>15.9</b>	<b>17.2</b>	<b>28</b>	<b>22.7</b>
Eastbourne	100	15.7	18.5	18.3	25.1	22.4
Hastings	100	17.3	19	19.6	27	17.1
Lewes	100	16.2	15.2	17.3	28.5	22.7
Rother	100	14.6	13.3	14.4	29.3	28.4
Wealden	100	16.5	14.3	16.8	29.5	22.9

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

There are proportionally more older people living in rural areas: in 2011, 50% of the population in rural areas were aged 45 and above, compared with 36% in major urban areas.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

People living on low incomes in rural areas continue to face significant disadvantage, particularly related to the affordability of housing and availability of services and transport.

In 2011 20.5% of rural households had to travel 4km or more to access their nearest GP surgery compared with 0% of urban households.

**d) What is the proposal, project or service’s impact on the factor or identified group?**

Older people eligible for day services living in rural carers are likely to experience the disadvantages of people living in rural areas (such as inadequate transport or social isolation) which will be compounded by their needs for care and support, potentially fewer local support options and longer travel times.

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Ensure a range of provision spread geographically across the county.

**f) Provide details of any mitigation.**

Future commissioning of day services will need to take account of the needs of older people living in rural areas.

**g) How will any mitigation measures be monitored?**

Equalities monitoring of ASC clients referred to day services is recorded on our data system

**4.9.3 Low Income**

**a) How are these groups/factors reflected in the County/District/ Borough?**

[ESiF income deprivation indices](#). 13% of older people in East Sussex are affected by income deprivation.

**b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?**

The areas with the highest proportion of *income-deprived elderly persons* living in East Sussex do not necessarily correspond to areas where the highest proportions of the elderly population live. Elderly people living in the most deprived areas [based on national quintile] are concentrated largely along the coastal strip, particularly in Hastings, St Leonards, parts of Eastbourne, Newhaven and Peacehaven. Older people on low incomes may be more dependent on day services as they will have less resources to meet their needs.

**c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Older people on low incomes may be more dependent on day services as they will have less resources to meet their needs.

**d) What is the proposal, project or service's impact on the factor or identified group?**

Less access to alternatives, therefore more dependent on day services

**e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?**

Continued procurement of day services to meet the needs of older people.

**f) Provide details of any mitigation.**

Future commissioning of day services will need to take account of the needs of older people who do not have the resources to purchase alternative provision.

**g) How will any mitigation measures be monitored?**

Monitoring of balance of ASC funded clients and private clients in day service settings.

**4.10 Human rights** - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

<b>Articles</b>	
<b>A2</b>	<b>Right to life (e.g. pain relief, suicide prevention)</b>
<b>A3</b>	<b>Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)</b>
<b>A4</b>	<b>Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)</b>
<b>A5</b>	<b>Right to liberty and security (financial abuse)</b>
<b>A6 &amp;7</b>	<b>Rights to a fair trial; and no punishment without law (e.g. staff tribunals)</b>
<b>A8</b>	<b>Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)</b>
<b>A9</b>	<b>Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)</b>
<b>A10</b>	<b>Freedom of expression (whistle-blowing policies)</b>
<b>A11</b>	<b>Freedom of assembly and association (e.g. recognition of trade unions)</b>
<b>A12</b>	<b>Right to marry and found a family (e.g. fertility, pregnancy)</b>
<b>Protocols</b>	
<b>P1.A1</b>	<b>Protection of property (service users property/belongings)</b>
<b>P1.A2</b>	<b>Right to education (e.g. access to learning, accessible information)</b>
<b>P1.A3</b>	<b>Right to free elections (Elected Members)</b>

**Part 5 – Conclusions and recommendations for decision makers**

**5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

**5.2 Impact assessment outcome** Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
X	<b>A No major change</b> – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If the proposals are agreed, changes in the way older people’s day services are provided will mean that some current clients will be offered alternative services.
	<b>B Adjust the policy/strategy</b> – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	There is potential impact on social groups if clients choose to attend different services and may mean different journey times for some clients.
	<b>C Continue the policy/strategy</b> - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	However, there are no plans to discontinue the allocation of personal budgets that may be used to purchase day services where this is an identified need for a client.
	<b>D Stop and remove the policy/strategy</b> – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

**5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?**

Equalities monitoring of ASC clients referred to day services is recorded on our data system.

**5.4 When will the amended proposal, proposal, project or service be reviewed?**

April 2019

# Equality Impact Assessment

<b>Date completed:</b>	<b>June 2018</b>	<b>Signed by (person completing)</b>	<b>Tamsin Peart</b>
		<b>Role of person completing</b>	<b>RPPR Lead</b>
<b>Date:</b>	<b>June 2018</b>	<b>Signed by (Manager)</b>	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

**Part 6 – Equality impact assessment action plan**

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.



The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

**6.1 Accepted Risk**

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Reduced level of service provision across county	Moral Financial	Through recommissioning there will still be county wide provision of day services but the level of service may be reduced	EqiA	Tamsin Peart	April 2019